

# Moriah Ministerial Fellowship

OM# \_\_\_\_\_

## APPLICATION FOR LICENSING AND ORDINATION

(Please type or print neatly with black pen. Complete form in its entirety, entering NA for questions that do not apply.)

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

I have received (check all which apply and attach a copy to application):

- Christian Worker's License (or equivalent)    Date received \_\_\_\_\_  
 Minister's License    Date received \_\_\_\_\_  
 Ordination    Date received \_\_\_\_\_

**Application is for:**  
(check one)  
 Minister's License  
 Ordination

Address \_\_\_\_\_

Street

City

State

Zip

No. of years at this address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Are you:  Single  Divorced  Widowed  Married  Engaged

Name of Spouse \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

Is he/she supportive of your ministry direction? \_\_\_\_\_

Children:

Name

Age

- 1 - \_\_\_\_\_  
2 - \_\_\_\_\_  
3 - \_\_\_\_\_  
4 - \_\_\_\_\_  
5 - \_\_\_\_\_  
6 - \_\_\_\_\_  
7 - \_\_\_\_\_

CURRENT EMPLOYMENT	
Employer	_____
Address	_____ _____
Work Phone	_____
Occupation	_____
Supervisor	_____

Is there additional information you'd like to share about your family which you feel is vital to your ministry and call? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

*Name of School*

*Years attended*

*Grad. Date*

*Diploma/Degree*

**High School** \_\_\_\_\_

**College(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Technical Training** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Training** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic honors, prizes, fellowships that you have received and/or been elected to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been expelled, suspended, or refused admission from a school and/or college?  Yes  No**

**If yes, briefly explain** \_\_\_\_\_

\_\_\_\_\_

**What have you found to be significant in your educational background?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List your Occupational experience beginning with your current position:**

<i>Dates</i>	<i>Company &amp; Employer Name</i>	<i>Position</i>	<i>City, State</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list all the occupational and/or professional skills you possess:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been dismissed from a job or asked to resign?**     Yes     No    **If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your education/employment ever been disrupted for any period of time because of a physical problem or a nervous or psychological disorder?**     Yes     No    **If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What have you found to be significant in your occupational background?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or are you currently using illegal drugs, alcoholic beverages or tobacco?  Yes  No

If yes, please explain and include dates of last use. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Have you ever been arrested?  Yes  No If yes, please explain \_\_\_\_\_

---

---

---

---

---

---

---

---

Were you convicted?  Yes  No If yes, please explain \_\_\_\_\_

---

---

---

---

---

---

---

---

Have you ever been accused (officially or unofficially) of taking indecent liberties with a minor?  Yes  No

If yes, please explain \_\_\_\_\_

---

---

---

---

---

---

---

---

Please describe emotional and or behavior problems which have led you to be hostile, aggressive or abusive \_\_\_\_\_

---

---

---

---

---

---

---

---

Please describe any past or present personal physical and/or emotional conditions and state any special attention or treatment required \_\_\_\_\_

---

---

---

---

---

---

---

---

**CHRISTIAN SERVICE:**



**Describe your salvation experience:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**What is your calling. Be specific. Explain how you know this is your calling** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Do you have any short range goals for your life?**  Yes  No **Explain** \_\_\_\_\_

---

---

---

---

**Do you have any long range goals for your life?  Yes  No Explain \_\_\_\_\_**

---

---

---

---

**What would you most like to see accomplished in your current ministry involvement? \_\_\_\_\_**

---

---

---

---

**What do you feel is your greatest leadership trait? Explain \_\_\_\_\_**

---

---

---

---

**What do you feel is your weakest leadership trait? Explain \_\_\_\_\_**

---

---

---

---

**What do you see as the greatest need for the body of Christ today? \_\_\_\_\_**

---

---

---

---

**What do you feel is the greatest contribution you can make to the body of Christ? \_\_\_\_\_**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**What would you do the rest of your life if money was not an object?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**What question do you wish we had ask you on this application that we did not ask? Why?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Are you prepared to submit yourself to the Holy Spirit as He operates and ministers through you (your Pastor if you are not the senior pastor) and the Leadership of Moriah Ministerial Fellowship?**  Yes  No



Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal references - Names and addresses of the people providing your personal recommendations - please list here and provide each with a recommendation form to be returned directly to MORIAH:**

	<b>Name</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Phone#</b>
<b>Pastoral</b>	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Personal</b>	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Professional</b>	_____	_____	_____	_____
	_____	_____	_____	_____
<i>(or educational)</i>	_____	_____	_____	_____

**Statement of Understanding**

I understand that all items related to this application that have been submitted to Moriah Ministerial Fellowship are a part of the application process and become the permanent property of MORIAH. I understand that the information contained on the Pastor's, Professional and Personal recommendations is confidential. I hereby waive my right to see the confidential material contained therein and I hereby release said materials to become the property of Moriah.

I understand that the information contained in this application and that received by personal recommendations may be released to a third party ONLY BY MY WRITTEN CONSENT and only for determining my eligibility for ministry involvement or employment.

*I hereby state that all information contained on this application is correct and true and honestly reflects my life, opinions and feelings. If MORIAH is notified that any information contained herein is false, it may be grounds for my immediate dismissal and license termination.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail submit this application and \$125 application fee to:**

**Moriah Ministerial Fellowship  
PO Box 36098  
Fayetteville, NC 28303**

*After a careful review of your application, you will be notified as to the recommendations and requirements for licensing and or ordination.*